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CENTRAL FAX CENTER

MAR 14 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SCOTT B. SWANEY et al )  
Serial No. 09/677,363 ) Group Art Unit: 2183  
Filed: October 2, 2000 ) Examiner: S.F. Gerstl  
For: WRITE-BEFORE-READ INTERLOCK FOR )  
R-UNIT OPERANDS )

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Number (703) 872-9306 on March 14, 2005

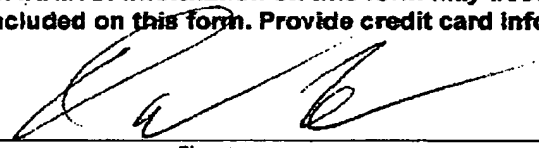
Sheila Smedick  
name  
signature *Sheila Smedick* 3/14/05  
date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

In response to the Notice of Non-Compliant Amendment dated February 14, 2005, please  
find a copy of the listing of all claims.

POU920000162US1  
124-0020

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>POU920000162US1</b>	
Applicant(s): <b>SCOTT B. SWANEY ET AL</b>					
Application No. <b>09/677,363</b>	Filing Date <b>October 2, 2000</b>	Examiner <b>S. F. Gerstl</b>	Customer No. <b>46429</b>	Group Art Unit <b>2183</b>	Confirmation No. <b>6279</b>
Invention: <b>WRITE-BEFORE-READ INTERLOCK FOR R-UNIT OPERANDS</b>					
<b>RECEIVED CENTRAL FAX CENTER MAR 14 2005</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18	22	0	x \$50.00	\$0.00
INDEP. CLAIMS	2	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0463</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>March 14, 2005</b>		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 46429			<div style="border: 1px solid black; padding: 2px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

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